

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1324 Ruby Ct. Santa Maria CA 93454

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE
CALIFORNIA
FORM 460

Statement covers period
from 01/01/2017

through 06/30/2017

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero for Council 2020

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I.D. NUMBER

1390966

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions Schedule A, Line 3 \$ 0.00
2. Loans Received Schedule B, Line 3 \$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00
4. Nonmonetary Contributions Schedule C, Line 3 \$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0.00
21. Expenditures Made \$ 0.00

Expenditures Made

Expenditure Limit Summary for State Candidates

6. Payments Made Schedule E, Line 4 \$ 959.44
7. Loans Made Schedule H, Line 3 \$ 0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 959.44
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 0.00
10. Nonmonetary Adjustment Schedule C, Line 3 \$ 0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 959.44

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

____/____/____ \$
____/____/____ \$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 8,487.55
13. Cash Receipts Column A, Line 3 above \$ 0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 0.00
15. Cash Payments Column A, Line 8 above \$ 959.44
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 7,528.11

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED

- Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 25.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

Statement covers period

from 01/01/2017

through 06/30/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero for Council 2020

I.D. NUMBER

1390966

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airline and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airline and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
UT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO			56.05
Chase PO Box 94014 Palatine, IL 60094	TRC			301.29
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	OFC		netfile software renewal	395.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 752.34

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 959.44
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 959.44

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2017 through 06/30/2017		CALIFORNIA FORM 460
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NAME OF FILER Mike Cordero for Council 2020		I.D. NUMBER 1390966

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TSF	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO			138.70
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO			68.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 207.10